



ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2009  
OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

NAIC Group Code	1311	(Current Period)	1311	(Prior Period)	NAIC Company Code	95844	Employer's ID Number	38-2242827
Organized under the Laws of	Michigan				State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States							
Licensed as business type:	Life, Accident & Health [ ]		Property/Casualty [ ]		Hospital, Medical & Dental Service or Indemnity [ ]			
	Dental Service Corporation [ ]		Vision Service Corporation [ ]		Health Maintenance Organization [ X ]			
	Other [ ]		Is HMO, Federally Qualified? Yes [ X ] No [ ]					
Incorporated/Organized	06/27/1978		Commenced Business		02/08/1979			
Statutory Home Office	2850 West Grand Boulevard				Detroit, MI 48202			
	(Street and Number)				(City, State and Zip Code)			
Main Administrative Office	2850 West Grand Boulevard							
	(Street and Number)							
	Detroit, MI 48202				313-872-8100			
	(City, State and Zip Code)				(Area Code) (Telephone Number)			
Mail Address	2850 West Grand Boulevard				Detroit, MI 48202			
	(Street and Number or P.O. Box)				(City, State and Zip Code)			
Primary Location of Books and Records	2850 West Grand Boulevard							
	(Street and Number)							
	Detroit, MI 48202				248-443-1093			
	(City, State and Zip Code)				(Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	www.hap.org							
Statutory Statement Contact	Dianna L Ronan CPA				248-443-1093			
	(Name)				(Area Code) (Telephone Number) (Extension)			
	dronan@hap.org				248-443-8610			
	(E-Mail Address)				(Fax Number)			

OFFICERS

Name	Title	Name	Title
William R Alvin #	President and CEO	Ronald W Berry	Treasurer
Maurice E McMurray	Secretary		

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

William R Alvin #	Nicholas C Anderson	Marvin Beatty	MaryBeth Bolton MD
William A Conway MD	Linda Ewing #	John T Gargaro	Jethro Joseph
Jackie Martin	William L Peirce	Richard Popp	Carol Quigley IHM
Catherine A Roberts	Robin Scales-Wooten	Nancy Schlichting	Rebecca R Smith
Susie Wells	Karen Wezner		

State of Michigan  
County of Wayne

ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

William R Alvin President and CEO	Ronald W Berry Treasurer	Maurice E McMurray Secretary
Subscribed and sworn to before me this 14 day of 02, 2010		
Roderick Irwin Curry Notary August 14 2013		
a. Is this an original filing? Yes [ X ] No [ ]		
b. If no:		
1. State the amendment number 0		
2. Date filed		
3. Number of pages attached 0		

## ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Health Alliance Plan of Michigan

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

# ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Health Alliance Plan of Michigan

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

**EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

[illegible]

# ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Health Alliance Plan of Michigan

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Health Alliance Plan of Michigan

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

## EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	852,184,086	53.8	228,652	64.2	691,509,704	160,674,382
2. Intermediaries	.0	0.0		0.0		
3. All other providers	7,785,010	0.5	127,297	35.8		7,785,010
4. Total capitation payments	859,969,096	54.3	355,949	100.0	691,509,704	168,459,392
Other Payments:						
5. Fee-for-service	27,640,745	1.7	XXX	XXX	17,232	27,623,513
6. Contractual fee payments	628,442,384	39.7	XXX	XXX	70,224,132	558,218,252
7. Bonus/withhold arrangements - fee-for-service	.0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	67,414,870	4.3	XXX	XXX	539,397	66,875,473
9. Non-contingent salaries	.0	0.0	XXX	XXX		
10. Aggregate cost arrangements	.0	0.0	XXX	XXX		
11. All other payments	.0	0.0	XXX	XXX		
12. Total other payments	723,497,999	45.7	XXX	XXX	70,780,761	652,717,238
13. Total (Line 4 plus Line 12)	1,583,467,095	100 %	XXX	XXX	762,290,465	821,176,630

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	6,350,638		5,742,418	608,220	608,220	
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	6,350,638	0	5,742,418	608,220	608,220	0





ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		Health Alliance Plan of Michigan				2. Detroit Michigan		(LOCATION)		
NAIC Group Code	1311	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2009			NAIC Company Code		95844	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	383,405	3,128	331,714				22,148	26,415		
2 First Quarter .....	368,180	2,922	312,547				22,219	30,492		
3 Second Quarter .....	364,561	2,837	308,651				22,294	30,779		
4. Third Quarter .....	360,846	2,785	304,582				22,427	31,052		
5. Current Year	355,949	2,727	299,302				22,543	31,377		
6 Current Year Member Months	4,365,062	34,172	3,694,783				268,146	367,961		
Total Member Ambulatory Encounters for Year:										
7. Physician .....	1,466,304	12,071	1,157,128				77,645	219,460		
8. Non-Physician .....	83,412	777	57,674				4,406	20,555		
9. Total	1,549,716	12,848	1,214,802	0	0	0	82,051	240,015	0	0
10. Hospital Patient Days Incurred	176,880	1,074	111,447				6,131	58,228		
11. Number of Inpatient Admissions	38,315	234	25,900				1,490	10,691		
12. Health Premiums Written (b).....	1,718,076,250	10,366,704	1,224,386,741				95,140,652	388,182,153		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,718,076,250	10,366,704	1,224,386,741				95,140,652	388,182,153		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	1,583,467,095	9,459,864	1,117,282,017				94,580,886	362,144,328		
18. Amount Incurred for Provision of Health Care Services	1,588,039,784	9,444,615	1,115,481,026				95,016,969	368,097,174		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ .....388,182,153



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Health Alliance Plan of Michigan

2. Detroit Michigan

(LOCATION)

NAIC Group Code	1311	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2009			NAIC Company Code			95844
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year .....	383,405	3,128	331,714	0	0	0	22,148	26,415	0	0	
2 First Quarter .....	368,180	2,922	312,547	0	0	0	22,219	30,492	0	0	
3 Second Quarter .....	364,561	2,837	308,651	0	0	0	22,294	30,779	0	0	
4. Third Quarter .....	360,846	2,785	304,582	0	0	0	22,427	31,052	0	0	
5. Current Year	355,949	2,727	299,302	0	0	0	22,543	31,377	0	0	
6 Current Year Member Months	4,365,062	34,172	3,694,783	0	0	0	268,146	367,961	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	1,466,304	12,071	1,157,128	0	0	0	77,645	219,460	0	0	
8. Non-Physician .....	83,412	777	57,674	0	0	0	4,406	20,555	0	0	
9. Total	1,549,716	12,848	1,214,802	0	0	0	82,051	240,015	0	0	
10. Hospital Patient Days Incurred	176,880	1,074	111,447	0	0	0	6,131	58,228	0	0	
11. Number of Inpatient Admissions	38,315	234	25,900	0	0	0	1,490	10,691	0	0	
12. Health Premiums Written (b).....	1,718,076,250	10,366,704	1,224,386,741	0	0	0	95,140,652	388,182,153	0	0	
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	1,718,076,250	10,366,704	1,224,386,741	0	0	0	95,140,652	388,182,153	0	0	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	1,583,467,095	9,459,864	1,117,282,017	0	0	0	94,580,886	362,144,328	0	0	
18. Amount Incurred for Provision of Health Care Services	1,588,039,784	9,444,615	1,115,481,026	0	0	0	95,016,969	368,097,174	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ .....385,654,144

Schedule S - Part 1 - Section 2  
**NONE**

Schedule S - Part 2  
**NONE**

Schedule S - Part 3 - Section 2  
**NONE**

Schedule S - Part 4  
**NONE**

Schedule S - Part 5  
**NONE**

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10) .....	374,482,816		374,482,816
2. Accident and health premiums due and unpaid (Line 13).....	21,698,770		21,698,770
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	9,136,486		9,136,486
6. Total assets (Line 26)	405,318,071	0	405,318,071
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	115,706,839	0	115,706,839
8. Accrued medical incentive pool and bonus payments (Line 2).....	1,316,106		1,316,106
9. Premiums received in advance (Line 8).....	13,459,692		13,459,692
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	18,542,166		18,542,166
13. Total liabilities (Line 22).....	149,024,803	0	149,024,803
14. Total capital and surplus (Line 31).....	256,293,268	XXX	256,293,268
15. Total liabilities, capital and surplus (Line 32)	405,318,071	0	405,318,071
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance .....	0		
19. Reinsurance recoverable on paid losses .....	0		
20. Other ceded reinsurance recoverables .....	0		
21. Total ceded reinsurance recoverables .....	0		
22. Premiums receivable .....	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
24. Unauthorized reinsurance .....	0		
25. Other ceded reinsurance payables/offsets .....	0		
26. Total ceded reinsurance payables/offsets .....	0		
27. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2  
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and individual)	Annuities (Group and individual)	Disability Income (Group and individual)	Long-Term Care (Group and individual)	Deposit-Type Contracts	Totals
1. Alabama	AL	.0	NONE				.0
2. Alaska	AK	.0					.0
3. Arizona	AZ	.0					.0
4. Arkansas	AR	.0					.0
5. California	CA	.0					.0
6. Colorado	CO	.0					.0
7. Connecticut	CT	.0					.0
8. Delaware	DE	.0					.0
9. District of Columbia	DC	.0					.0
10. Florida	FL	.0					.0
11. Georgia	GA	.0					.0
12. Hawaii	HI	.0					.0
13. Idaho	ID	.0					.0
14. Illinois	IL	.0					.0
15. Indiana	IN	.0					.0
16. Iowa	IA	.0					.0
17. Kansas	KS	.0					.0
18. Kentucky	KY	.0					.0
19. Louisiana	LA	.0					.0
20. Maine	ME	.0					.0
21. Maryland	MD	.0					.0
22. Massachusetts	MA	.0					.0
23. Michigan	MI	.0					.0
24. Minnesota	MN	.0					.0
25. Mississippi	MS	.0					.0
26. Missouri	MO	.0					.0
27. Montana	MT	.0					.0
28. Nebraska	NE	.0					.0
29. Nevada	NV	.0					.0
30. New Hampshire	NH	.0					.0
31. New Jersey	NJ	.0					.0
32. New Mexico	NM	.0					.0
33. New York	NY	.0					.0
34. North Carolina	NC	.0					.0
35. North Dakota	ND	.0					.0
36. Ohio	OH	.0					.0
37. Oklahoma	OK	.0					.0
38. Oregon	OR	.0					.0
39. Pennsylvania	PA	.0					.0
40. Rhode Island	RI	.0					.0
41. South Carolina	SC	.0					.0
42. South Dakota	SD	.0					.0
43. Tennessee	TN	.0					.0
44. Texas	TX	.0					.0
45. Utah	UT	.0					.0
46. Vermont	VT	.0					.0
47. Virginia	VA	.0					.0
48. Washington	WA	.0					.0
49. West Virginia	WV	.0					.0
50. Wisconsin	WI	.0					.0
51. Wyoming	WY	.0					.0
52. American Samoa	AS	.0					.0
53. Guam	GU	.0					.0
54. Puerto Rico	PR	.0					.0
55. U.S. Virgin Islands	VI	.0					.0
56. Northern Mariana Islands	MP	.0					.0
57. Canada	CN	.0					.0
58. Other Alien	OT	.0					.0
59. Totals		0		0	0	0	0

NONE

## 39

## 39

## 39

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

10.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
11.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
14.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....SEE EXPLANATION.....

APRIL FILING

17.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
18.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
19.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

.....NO.....

Explanation:


10.
11.
12.
13.


Health Alliance Plan does not have shareholders
14.
15.
16.


Health Alliance Plan writes Medicare Part D through a Medicare Advantage Plan
17.
18.
19.


Bar code:


10.

  
9 5 8 4 4 2 0 0 9 3 6 0 5 9 0 0 0
11.

  
9 5 8 4 4 2 0 0 9 2 0 5 0 0 0 0 0
12.

  
9 5 8 4 4 2 0 0 9 2 0 7 0 0 0 0 0
14.

  
9 5 8 4 4 2 0 0 9 3 7 1 0 0 0 0 0
15.

  
9 5 8 4 4 2 0 0 9 3 7 0 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

17.   
9 5 8 4 4 2 0 0 9 3 0 6 0 0 0 0 0

18.   
9 5 8 4 4 2 0 0 9 2 1 1 5 9 0 0 0

19.   
9 5 8 4 4 2 0 0 9 2 1 3 0 0 0 0 0



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 23.  
\*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2304. Other Receivables.....	37,791		37,791	2,852
2305. Other Assets.....	57,843		57,843	57,843
2306. ....			0	0
2397. Summary of remaining write-ins for Line 23 from Page 2	95,635	0	95,635	60,695

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